

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2015
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NAME OF PROVIDER OR SUPPLIER GREEN LEAF CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2041 NC 210 NORTH LILLINGTON, NC 27546
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of a Biennial Survey by Billy S. Bryant and Greg Cates conducted on 10/30/2015.</p> <p>Records indicate this facility was first licensed on 07/01/1992. The facility is currently licensed for 105 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 (1992 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. The facility failed to have available for review and maintained on site current (within the calendar year) kitchen sanitation inspections reports. This requirement is to ensure that the facility is inspected on a regular basis by the regulatory authority to ensure compliance with sanitation requirements. Failure to do so could effect all occupants if it was determined that sanitation standards were not met.</p> <p>Finding on 10/29/2015: a. The facility has not had a current sanitation inspection (within the calendar year) for the</p>	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 111	Continued From page 1 building or the kitchen. 2. The facility failed to have available for review and maintained on site current (within the calendar year) the fire official's inspections reports. This requirement is to ensure that the facility is inspected on a regular basis by the regulatory authority to ensure compliance with fire safety/life safety requirements. Failure to do so could effect all occupants if it was determined that fire safety/life safety standards were not met. Finding on 10/29/2015: a. The facility has not had a current (within the calendar year) fire official's inspection report.	C 111		
C 158	Laundry Facilities SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables; (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and This Rule is not met as evidenced by: 1. The facility failed to keep soiled linens separate from clean linen. Failure to keep soiled linens and clothing separated from clean linens and clothing could effect the occupants of the facility by having clean linens contaminated by soiled linens or clothing. Finding on 10/30/2015:	C 158		

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C 158	Continued From page 2 a. Soiled linens and clothing had been transferred into the laundry room while clean linens and clothing were still temporarily stored in the laundry room.	C 158		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the storage of oxygen bottles was not maintained in a manner that kept the facility free from hazards. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility. Finding on 10/30/2015: a. There were oxygen bottles stored in the room without restraints or other means to prevent them from falling or being knocked over. Note: Corrected while surveyor was on site.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult	C 189		

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C 189	<p>Continued From page 3</p> <p>care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety systems as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 10/30/2015 a. Community Bath - There is a gap in the fire resistant rated ceiling at the fire sprinkler head escutcheon. b. Employee Lounge - There is a gap in the fire resistant rated ceiling at the fire sprinkler head escutcheon.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors that do not completely close and latch. Doors are required to completely close and latch in the event of a fire in order to resist the passage of smoke or the spread of fire. All the occupants in the facility could be effected if doors do not latch and remain closed so as to limit the spread of smoke or fire to the area of origin.</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>Findings on 10/30/2015:</p> <p>a. "D" Hall, Room D-3 - Door is dragging on the floor impeding its ability to be closed.</p> <p>b. "B" Hall, Room B-11 - The door from the room to the corridor did not completely close and latch.</p> <p>c. "A" & "B" Hall - The cross corridor fire resistant rated doors did not completely close and latch when released from their magnetic hold open devices.</p> <p>3. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were permitted to be blocked open or held open with unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin.</p> <p>Finding on 10/30/2015:</p> <p>a. There was a pattern of wedges placed under doors so the doors would remain in an open position.</p> <p>4. Based on observation there is a failure to install and maintain plumbing piping in a safe condition. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if because of the unsafe condition the domestic water supply became contaminated.</p> <p>Finding on 10/30/2015:</p> <p>a. The ice maker drain is resting on the floor drain and does not have a minimum 2" gap between the discharge point of the drain pipe and the floor drain.</p>	C 189		